

* * * Error Report (Mar. 13. 2014 10:10AM) * * *

1) OMG Neurology and Pain Mgt.
2)

File No.	User Name	Destination	Mode	Time	Page	Result
1620			G3RES	1'25"	P. 10	E

Page not received

Quick Service Code

P. 10

00-01

: Batch
M : Memory
S : Standard
Y : Reduction
D : RX Notice Req.
O : Folder

C : Confidential
L : Send later
D : Detail
H : Stored/D. Server
A : RX Notice

\$: Transfer
@ : Forwarding
F : Fine
* : LAN-Fax
◇ : Mail

P : SEP Code
E : ECM
U : Super Fine
+ : Delivery
<-> : IP-FAX

OREGON MEDICAL GROUP **AUTHORIZATION TO USE/DISCLOSE HEALTH INFORMATION**

This authorization must be written, dated and signed by the patient or by a person authorized by law to give this authorization*.

Todd Giffen
 Patient name (Printed)

3/13/1985
 DOB

541 721 0010
 Phone Number

405 W Centennial Blvd
 Address

Springfield
 City

Oregon
 State

97477
 Zip

I authorize information to be released:

From: Dr. Bill Walter
 Individual or Facility

1:541-342-4520
 Phone Number

492 E 13th Ave Suite 200 Eugene, OR 97401
 Mailing Address, City/State, Zip

To: Kathleen Fitzgerald, MD
 330 S. Garden Way, Suite 270
 Eugene, OR 97401

Ph: 541-228-3400
 Fax: 541-284-2937

The purpose of this request is:
☒ Referred Medical Care (Specialist)
☐ Transferring Primary Care
☐ Relocation
☐ Personal Preference
☐ Other _____
☐ Clinical Research
☐ Billing Purposes
☐ Personal Request
☐ Other _____

TYPE OF INFORMATION TO BE RELEASED:

- ☒ All Medical Records (Records released will be limited to the last 2 years of information unless otherwise indicated)
☐ Physician Notes
☐ X-Ray Reports
☐ Lab and/or Pathology Reports
☐ Hospital Records/Consultations
☐ Physical Therapy Records
☐ Worker's Comp Injury Records
☐ Immunization Records
☒ Other neurological issues, muscle, brain injury

Must be initialed to be included in other documents

☐ HIV/AIDS - related records
☐ Mental Health Counseling and/or treatment information, including information regarding Depression, Anxiety and Stress.
☐ Genetic Testing Information
☐ Drug/alcohol diagnosis, treatment or referral information (Federal regulation, 42CFR Part 2, requires a description of how much and what kind of info is to be disclosed). If applicable complete restriction box below.

Your health care and payment for that health care cannot be conditioned upon receipt of this signed Authorization unless your health care or treatment is for the purpose of:

(1) Creating health information about you to be disclosed to a third party; or
 (2) For the purpose of research.

You have the right to revoke this Authorization at any time, provided that you do so in writing. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission. To revoke this Authorization, please send a written statement to the attention of Privacy Officer at Oregon Medical Group, Front Office Operations, P.O. Box 1848 Eugene OR, 97440, that identifies the date you signed this Authorization, the recipient of the information identified in this Authorization, and state that you are revoking this Authorization. The information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer be protected under federal law.

This Authorization will expire on the earlier of _____ (date), 180 days from the date of signing, or the end of the period reasonably needed to complete the disclosure for the above-described purpose.

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_____ This authorization is limited to the following time period: _____
 _____ This authorization is limited to the following treatment: _____

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Todd Giffen
 Signature of patient or legally responsible person*

Relationship to Patient _____

3/7/2014
 Date

*In the event this Authorization is signed by a legal representative other than parents of a minor child, documentation of legal authority must be attached, (i.e. Health Care Power of Attorney, or Court appointed Health Care Representative.)

Todd Giffen: Past Medical History

Golden Apple Healthcare LLC
492 E. 13th Avenue Suite 200 Eugene, OR 97401
1 (541) 342-4520

Major events, hospitalizations, surgeries

Psychiatric hospitalizations - numerous, btw 2005-2013

Unstructured allergies:

Psychiatric medications

Ongoing medical problems:

Traumatic brain injury, hypertension

Family medical history:**Preventative care:****Social history:****Nutrition history:**

DASH diet

Developmental history:

Todd Giffen: Diagnosis History**Golden Apple Healthcare LLC**

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

Diagnosis History**Chronic Diagnoses**

Diagnoses	Start	Stop
729.1 Myalgia and myositis, unspecified	12/02/2013	
780.79 Other malaise and fatigue	12/02/2013	
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530.81 Esophageal reflux	12/09/2013	
302.70 Psychosexual dysfunction, unspecified → provider Likely he is experiencing very vivid nocturnal emission. comment: by Bill Walter, ND	12/09/2013	
709.9 Unspecified disorder of skin and subcutaneous tissue	12/11/2013	
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959.01 Injury of head	01/06/2014	
785.0 Tachycardia	01/15/2014	
790.95 Elevated C-reactive protein (CRP)	01/15/2014	
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298.9 Psychotic disorder	02/03/2014	
V15.52 Personal history of traumatic brain injury	02/03/2014	

Acute Diagnoses

There are no recorded acute diagnoses for this patient at this time.

Todd Giffen: Prescription History**Golden Apple Healthcare LLC**

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

Medication List**Current Medications**

Medications	Start	Stop
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Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Wednesday 19 February 2014

electronically signed by: Bill Walter, ND

signed on: Wednesday 19 February 2014 2:27 PM

VS

CC **Myalgia**S **Myalgia/**

Hasn't been taking Vitamin D or tizanidine, because he's been "too tired to remember to take it."

Infection in lungs/

Went to Urgent Care in Cottage Grove (took the bus - 30 miles away, bypassing 6 local urgent care centers and 3 emergency departments), for recurrent cough "lasting months and months". He was prescribed azithromycin. (This is the first time he's mentioned recurrent cough). Patient denies fever. Patient says Urgent Care doc didn't do CXR. There is minimal sputum.

Sleep Study/

Did sleep study on Friday - all night EEG (6-8 probes), and EMG. This was done at Emerald Sleep Center. Todd refuses to allow me to request records.

Todd voices his intention to meet with another physician to discuss his care.

O **NAD, A+Ox3**

No respiratory difficulty noted in office.

A **DIAGNOSES:**

Myalgia and myositis, unspecified [729.1]

Psychotic disorder [298.9]

P I initiated visit by advising Todd of my intention to move ahead with MRI and/or EEG as discussed with Victoria Williams, RN at OHP. Todd advises that he intends to seek care elsewhere, and so does not want me to request records from the Sleep Center.

Advised that if he chose to get additional help from me, that he would need to make an appointment. As it is now, he cancels next week's appointment and this case is considered closed

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Monday 10 February 2014

electronically signed by: Bill Walter, ND

signed on: Wednesday 19 February 2014 12:58 PM

VS

CC

S CC1/ Traumatic Brain Injury

Saw Chiropractic Neurologist - Dr. Stefan Harold, DC in Portland, who believes he was traumatic encephalopathy.

He did an EMG on Todd's back, which showed some aberrant muscular injury.

Todd is frustrated that neurology referrals have so far failed.

O NAD, A+Ox3**A DIAGNOSES:**

Myalgia and myositis, unspecified [729.1]

Psychotic disorder [298.9]

P 30 min spent with patient and on phone with Victoria Williams, RN at Oregon Health Plan (503-885-5120) discussing Todd's care. As there have been repeated failures to acquire a neurology referral, Todd is encouraged to move ahead with the sleep study, which will presumably have an EEG. Depending on these results, may move ahead to MRI.

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Monday 03 February 2014

electronically signed by: Bill Walter, ND

signed on: Monday 03 February 2014 12:44 PM

VS Blood Pressure: 128 / 78 mmHg Temp: 98.2 F

CC ED Follow-Up

S Went to ED in Portland on Friday night. They were focused on psychiatric issues, rather than his medical concerns. He was kept in emergency department for four days, and they wanted to admit him psychiatrically, but didn't. He refused all antipsychotics. ED notes show that they did not want to perform EEG or MRI for him emergently.

He comes today requesting referral with prior authorization for neuropsychology evaluation, as well as another referral request to a neurologist (the third attempted neurology group) in Ashland, OR.

O NAD, A+Ox3**A DIAGNOSES:**

Psychotic disorder [298.9]

Personal history of traumatic brain injury [V15.52]

P 40 minutes spent with patient today, >50% of time coordinatnig care. Reviewed ED notes from 1/30/2014 - 2/2/2014. Prepared referrals for Dr. Zakir Ali, MD (neurology) in Ashland and Dr. William McConochie, PhD (neuropsychologist) in Eugene. Also prepared prior authorization for Dr. McConochie. Discussed that neurologist really must be in charge of determining propriety of neuroimaging or muscle testing and NCS.

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Monday 27 January 2014

electronically signed by: Bill Walter, ND

signed on: Monday 03 February 2014 12:09 PM

VS Blood Pressure: 130 / 78 mmHg Temp: 98.2 F Pulse: 68 bpm

CC Heart palipitations, Murmur

S Murmur - got echocardiogram. Was normal.
Just finished Holter monitor, hasn't turned in for evaluation.

Myalgia
Vitamin D and magnesium havne't had any effect.
Neurology - Roseburg Neurology is not going to see him. They thought he needed to see somebody in the local community.
He did see doctors at Occupy medical, who recommended sleep study.

O NAD, A+Ox3
Reviewed echo, completley normal.

A **DIAGNOSES:**
Myalgia and myositis, unspecified [729.1]
Tachycardia [785.0]
Elevated C-reactive protein (CRP) [790.95]

P Agreed to order NCS/EMG upon return of Holter report.

MEDICATIONS:
TIZANidine Hydrochloride 2 mg oral tablet 2 mg 1 tablet, up to 3 times daily. (start date: 01/27/2014)
prescription: qty 90 of 2 mg 1 tablet, up to 3 times daily. (1 refills)

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Wednesday 15 January 2014

electronically signed by: Bill Walter, ND

signed on: Wednesday 22 January 2014 10:55 AM

VS	Blood Pressure:	Temp:	Pulse:
	118 / 82 mmHg	97.5 F	64 bpm

CC Neurologic Concern, Chest Pain**S CC1/ Neurologic concerns**

Saw chiropractic neurologist in Portland, who thought a brain scan was in order, but wasn't going to be able to continue to see him.

Todd is very agitated about getting referred to neurologist, or getting MRI of brain. He insists on showing me a transcript of a conversation with an unnamed person that "proves" that the energy

Received Time: Mar. 13. 2014 10:08AM No. 1620

EUGENE HEALING CENTER

home of

Chiropractic Healing Center

Oregon Naturopathic Clinic

Golden Apple Healthcare

Becky Lipton, PT

Date: 3-13-14To: Kathleen Fitzgerald, MD

Attn: _____

RE: Todd GiffenDOB 3-13-85

Additional Message: _____

Numbers of pages, including this cover sheet 11 From: Judet

The information contained in this faxed message is privileged and confidential, and intended only for the use of the individual(s) and/or entity named above. If you are not the intended recipient, you are hereby notified that any unauthorized disclosure, copying, distribution, or taking of any action in reliance on the contents of these faxed materials is strictly prohibited and review by any individual other than the intended recipients shall not constitute waiver of the doctor/patient privilege. If you have received this transmission in error, please immediately notify us by telephone to arrange for the return of these materials. Thank you.

Phone: (541) 342-4520 Fax: (541) 485-7102
492 E. 13th Ave., Suite 200, Eugene, OR 97401

OREGON MEDICAL GROUP AUTHORIZATION TO USE/DISCLOSE HEALTH INFORMATION

This authorization must be written, dated and signed by the patient or by a person authorized by law to give this authorization.

Patient name (Printed) Joel Giffen DOB 3/13/1985 Phone Number 541-721-0010
 Address 406 W Centennial Blvd City Springfield State Oregon Zip 97477

I authorize information to be released:

From: Dr. Bill Walter P: 541-542-4520
 Individual or Facility Phone Number
492 E 15th Ave Suite 200 Eugene OR 97401
 Mailing Address, City/State, Zip

To: Kathleen Fitzgerald, MD Ph: 541-228-3400
 390 S. Garden Way, Suite 270 Fax: 541-284-2937
 Eugene, OR 97401

The purpose of this request is:

- ☒ Referred Medical Care (Specialist)
☐ Transferring Primary Care
☐ Relocation
☐ Personal Preference
☐ Other _____
☐ Clinical Research
☐ Billing Purposes
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☐ Other _____

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Signature of patient or legally responsible person: _____

Relationship to Patient _____

Date 3/7/2014

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Todd Giffen: Past Medical History**Golden Apple Healthcare LLC**
492 E. 13th Avenue Suite 200 Eugene, OR 97401
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Todd Giffen: Diagnosis History**Golden Apple Healthcare LLC**

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

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298.9 Psychotic disorder	02/03/2014	
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Acute Diagnoses







There are no recorded acute diagnoses for this patient at this time.

Todd Giffen: Prescription History**Golden Apple Healthcare LLC**




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seen on: Monday 03 February 2014

electronically signed by: Bill Walter, ND

signed on: Monday 03 February 2014 12:44 PM

VS Blood Pressure: Temp:
128 / 78 mmHg 98.2 F

CC ED Follow-Up

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He comes today requesting referral with prior authorization for neuropsychology evaluation, as well as another referral request to a neurologist (the third attempted neurology group) in Ashland, OR.

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seen by: Bill Walter, ND

seen on: Wednesday 15 January 2014

electronically signed by: Bill Walter, ND

signed on: Wednesday 22 January 2014 10:55 AM

VS Blood Pressure: 118 / 82 mmHg Temp: 97.5 F Pulse: 64 bpm

CC Neurologic Concern, Chest Pain**S CC1/ Neurologic concerns**

Saw chiropractic neurologist in Portland, who thought a brain scan was in order, but wasn't going to be able to continue to see him.

Todd is very agitated about getting referred to neurologist, or getting MRI of brain. He insists on shownig me a transcript of a conversation with an unnamed person that "proves" that the energy weapon he believes caused him damage actually exists. The transcript is filed in our paper chart.

CC2/ Chest pain

2011 esophagram reveals dysphagia and possible hiatal hernia.

He has elevated hs-CRP. He is worried about the elasticity of his heart muscle, and notes that sometimes he has a rapid heart rate.

He says that Oregon State Hospital had ordered various cardiac tests - and we requested them with esophagram - but they were not sent down.

O General: Normotensive, in no acute distress. Head: Normocephalic, no lesions. Chest: Lungs clear, no rales, no rhonchi, no wheezes. Heart: RR, there is a Grade II mid-systolic murmur best heard at the apex, no rubs, no gallops.

A DIAGNOSES:

Tachycardia [785.0]

Elevated C-reactive protein (CRP) [790.95]

Myalgia and myositis, unspecified [729.1]

Heart murmur [785.2]

P On two ocassions, I requested cardiac tests from Oregon State Hospital which never arrived. Ordering an echo based on the murmur.

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Monday 06 January 2014

electronically signed by: Bill Walter, ND

signed on: Monday 06 January 2014 4:34 PM

VS Temp:
98.2 F**CC History of Head Injury, Elevated CK**

- S Neurologist reviewed referral document, and was advised that he may need a rheumatologist for the myalgia. Patient wants to speak to neurologist not just for elevated CK and myalgia, but also concerns that he may have TBI and that memory is problematic. Would like to review his history and symptoms with me to request appeal of referral to neurology.

The below issues are all per patient report.

Head injuries:

March 2011 - Hit in head with fists and flashlight by police officers (CT of head at the time, as he had broken nose - done by McKenzie Willamette hospital)

2008 - Assaulted by punch in face

Medication concerns:

2007 - Neuroleptic-malignant syndrome from Seroquel, which left muscles clenched, with memory loss for about 6 months.

2007 - Expyramidal symptoms, also from Seroquel.

(Both in Oregon State Hospital)

Laboratory abnormalities:

2011 - Elevated Creatine Kinase, often over 700, tests performed at Oregon State Hospital

2013 - Elevated Creatine Kinase, ordered by this office. Was 353 (range: 5-290) on 12/3/2013.

CK Electrophoresis on 12/18/13 shows level at 281.

- O NAD, A+Ox3
CN II-XII intact. Eyes PERRLA.
Gait, station intact.
No dysdiadokokineses, Romberg negative, heel-shin negative, normal stereognosis and graphesthesia. Speech is normal.
Remote memory intact.
MMSE - 28/30 (fails to recall two of three objects)

A DIAGNOSES:

Injury of head [959 011]

12 March 2014 6:18 PM

page 9 of 21

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

Injury of head [959.01]**Increased creatine kinase level [794.4]**

- P 25 min spent with patient, >50% of time coordinating care. Discussed at length his medical history, where to obtain old records, and that I would attempt to resend the referral to neurologist with as much information as could be gathered.

Requesting labs from Oregon State Hospital from April 2011 - June 2011, which he says will show elevated CKs.

Requesting imaging from McKenzie-Willamette from 2011 - which should show broken nose, possibly other structural problems.

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Monday 30 December 2013

electronically signed by: Bill Walter, ND

signed on: Monday 30 December 2013 3:24 PM

VS

CC **Myalgia**

S **CC1/ Myalgia**
Continues to experience muscle pain. Wonders if he needs to be hospitalized for a full workup. Has decided that he cannot work with the Oregon Clinic Neurology group. Requesting referral instead by sent to Roseburg Neurology Clinic.
2510 Northwest Eden Bower Blvd, Ste 152
Roseburg, OR 97471
541-440-5320 - phone

O He is ambulatory, afebrile, and in no acute distress.

A **DIAGNOSIS:**
Myalgia and myositis, unspecified [729.1]

P Advised that he did not need hospitalization for his symptoms. Advised that we would resend the referral. Advised that he continue to take the vitamin D (for which he has documented deficiency) and magnesium, both of which will help his muscle pains.

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Monday 23 December 2013

electronically signed by: Bill Walter, ND

signed on: Monday 23 December 2013 2:32 PM

VS Blood Pressure: 110 / 88 mmHg Temp: 96.7 F

CC Myalgia, Acid reflux**S CC1/**

Myalgia - continuing problems with pain throughout musculature. He often feels like muscles are "squeezing" around him. He is eager to advance to next diagnostic steps.

CC2/

Acid reflux - nearly constant reflux today. Had eaten bagel and cream cheese with coffee for breakfast.

Hasn't had any actual vomiting, though frequently uses the word "vomiting" when on further questioning he is describing acid reflux. He hasn't ever had endoscopy.

H.pylori and celiac testing are negative.

Though he complains of this, his focus is on the myalgia/myopathy.

He also believes that whatever may be contributing to his myalgia may be causing his stomach to tighten up.

O Reviewed these last lab tests:

Lactate - slight elevation at 2.5 (recent anion gap and electrolytes were normal)

Lactate dehydrogenase isoenzymes - slight elevation of total LDH at 239 (ref: 105-230)

LD2>LD1, but very slightly low at 27%. Only elevation is slight in LD4 at 16%.

CK total is somewhat high at 281, but MB and BB are normal at 0%, and CK-MM is 100% of fraction

Aldolase is normal - 6.2 U/L

Celiac and h.pylori are negative

hs-CRP is elevated at 2.94 (CRP, Uric Acid, and ANA were negative, though ESR was 17)

A If there is any myopathy, it is slight or in early stages. Given Mr. Giffen's persistent anxiety about the symptoms, and the recurrent slight elevation in CK, we will move ahead with referral to EMG and nerve conduction studies.

He is insistent that the biofeedback device used earlier this year was EEG, despite repeated verbalizations that it was not an EEG. He is fixated on the idea that there is some brain abnormality that was discovered on the biofeedback device. Given his multiple neurologic and psychiatric issues, I will defer to the consultant neurologist to determine if EEG and/or MR is

12 March 2014 6:18 PM
page 12 of 21

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

psychiatric issues, I will defer to the consultant neurologist to determine if EEG and/or MR is warranted for further evaluation.

DIAGNOSES:**Myalgia and myositis, unspecified [729.1]****Esophageal reflux [530.81]****Increased creatine kinase level [794.4]**

P 30 min spent with patient counseling and coordinating care, including preparing the referral and advising patient on next diagnostic steps for myalgia and treatment options for reflux.

For the myalgia, we reviewed the most recent lab tests, as well as discussion with Dr. Ellison. He would prefer to work with Dr. Walter at the Oregon Clinic Neurology group, but is open to seeing Dr. Ellison.

For the reflux - it is possible that his symptoms are related to whatever neuromuscular issue may be at play. We discussed trial of omeprazole for empiric purposes, which he was not interested in. Suggested oral deglycyrrhizinated licorice with meals, which he will try.

F/U - prn.

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Wednesday 18 December 2013

electronically signed by: Bill Walter, ND

signed on: Wednesday 18 December 2013 2:36 PM

VS Blood Pressure: 118 / 72 mmHg Temp: 98.2 f Pulse: 86 bpm

CC Myalgia, Vomiting

- S Prior to today's visit, I had a lengthy conversation with Dr. Ellison (Neurology at the Oregon Clinic about Todd's care, including next diagnostic steps. She recommended serum aldolase prior to sending him for nerve conduction and EMG, based on the elevated CK.

CC1/ Myalgia

Continues to have myalgia throughout his body. Elevated CK of 700 was found at Oregon State Hospital.

He is very eager to get nerve conduction and EMG studies, as well as possibly MR and EEG.

CC2/Nausea and vomiting

Continued nausea with some vomiting - feels like there are constrictions in his gut making him vomit. Denies any history foreign travel. No blood in vomit, and this is still very periodic.

- O NAD, A+Ox3. Diffuse abdominal tenderness

A DIAGNOSES:

Increased creatine kinase level [794.4]

Nausea with vomiting [787.01]

- P 25 min spent with patient, >50% of time counseling and coordinating care. Discussed diagnostic process, and need for more information from lab work before sending him to a neurologist for more specialized testing. We also discussed sending him to a local neurologist, but it appears that he has been dismissed from several of the primary care clinics associated with the local neurolog groups, so EMG and nerve conduction is not available in our area.

Myalgia - given elevated CK, will do LDH and CK electrophoresis, as well as serum aldolase
Vomiting, nausea, heartburn - celiac and h.pylori testing.

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Wednesday 11 December 2013

electronically signed by: Bill Walter, ND

signed on: Wednesday 11 December 2013 3:23 PM

VS Temp: 98.2 F

CC Toe Pain, Abdominal Pain**S CC1/ Toe Pain**

Present over last several days. Right small toe enlarged and was exquisitely painful until it burst yesterday. There is some dead tissue hanging off side of wound, but no other discharge.

CC2/ Abdominal Pain

No episodes of reflux since prior visit. Still some general abdominal pain.

CC3/ Orgasmic dysfunction

No episodes of orgasmic dysfunction. He is still concerned that this is an assault from state authorities. He denies ever having any "wet dreams" or any sexual activity whatsoever, so the involuntary ejaculation is concerning to him.

- O Right small toe - on the medial border of the right small toe, there is a large amount ($<4\text{cm}^2$) of devitalized epidermis hanging loose over a patch of pink, dry, well-vascularized tissue. There is no malodor or discharge.

Abdominal U/S - tiny echogenic foci in gallbladder suggestive of either adherent stones or adenomyomatosis.

A DIAGNOSES:

Unspecified disorder of skin and subcutaneous tissue [709.9]

Psychosexual dysfunction, unspecified [302.70]

Unspecified disorder of gallbladder [575.9]

- P We reviewed Abd U/S reports in depth, including explaining the GB findings which are likely benign and are probably unrelated to his symptoms. Additionally, we discussed that as a male that is not sexually active (including avoiding masturbation) that it was likely that at least some of his uncontrolled ejaculations were probably nocturnal emissions. I advised that I would consider this set of symptoms in his neurologic diagnostic workup.

Regarding the wound, I use scissors to debride the devitalized tissue, irrigated pink tissue with sterile saline, and covered in moist, sterile gauze. Advised home care of changing gauze twice daily as well as to cut his toenails (which were excessively long)

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

daily, as well as to cut his toenails (which were excessively long).

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Monday 09 December 2013

electronically signed by: Bill Walter, ND

signed on: Wednesday 11 December 2013 2:04 PM

VS Blood Pressure: 98 / 68 mmHg Temp: 97.4 F Pulse: 68 bpm

CC Myalgia, Reflux, Abnormal Labs**S CC1/ Myalgia**

Tension throughout muscles, feeling constant constriction in head, neck, face, back, chest.
Sensory - vision is "static-y." There has been no shift in symptoms from prior week.

CC2/ Reflex

Happens "randomly" - happens a few times a week. No clear relationship to food. Denies any alcohol or street drugs.

No blood. May only last a few moments.

CC3/ Ejaculation disorder

He describes that the "energy weapon" used against him causes him to ejaculate when he is not expecting, especially if he is lying down. He denies any sexual partners or masturbation.

O Labs:

HDL - 37

LDL - 106

Chol - 159

Tg's - 79

Chol/HDL - 4.3

Arthritis panel negative, except slightly elevated ESR (17)

CBC, CMP, TSH - wnl

CK - 353 (ref: 5-290)

25-OH-D - 18.8

A DIAGNOSES:**Myalgia and myositis, unspecified [729.1]****Other abnormal blood chemistry [790.6]**

comments: Slightly elevated CK.

Esophageal reflux [530.81]**Psychosexual dysfunction, unspecified [302.70]**

comments: Likely he is experiencing very vivid nocturnal emission.

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

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P 40 min spent w/ patient, >50% of time spent counseling and discussing care plan. We discussed his labs in depth, as well as the nature of his neurologic symptoms. He understands that there is no frank neuromuscular problem evident on general exam, except for the slightly elevated CK (which has previously been "700" per patient report). He still would like consultation with neurologist in Portland, and I agreed that I would call the neurology group there and discuss his case before writing the referral.

For general myalgia - Rx Vit-D (50,000/week) and MgO2 (250mg BID), which should helpfully relieve some of his discomfort.

As we have an abdominal U/S pending, we will await the results of this before initiating treatment for GI issues.

MEDICATIONS:

Vitamin D3 (cholecalciferol) oral capsule 50,000 intl units 1 tablet per week (start date: 12/09/2013)

prescription: qty 8 of 50,000 intl units 1 tablet per week (NO refills)

Magnesium Oxide oral tablet 250 mg One tablet, once-twice daily with food. Reduce dose if diarrhea, or you may need to change the magnesium formulation. (start date: 12/09/2013)

prescription: qty 60 of 250 mg One tablet, once-twice daily with food. Reduce dose if diarrhea, or you may need to change the magnesium formulation. (1 refills)

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

seen by: Bill Walter, ND

seen on: Monday 02 December 2013

electronically signed by: Bill Walter, ND

signed on: Monday 02 December 2013 3:25 PM

VS	Height:	Weight:	BMI:	Blood Pressure:	Temp:	Pulse:
	72.0 in	233.0 lb	31.6	128 / 92 mmHg	97.5 F	92 bpm

CC Multiple Injuries

- S Does not have current PCP. Would like evaluation of recent injuries, as well as to possibly use me for primary care if it makes sense from insurance perspective. Todd understands that I am not a psychiatrist, and he needs to seek that care elsewhere.

Current symptoms:

Feels tension in muscles - feels cracking and popping.

Pain in "heart"

Burning and stinging in face

Also thinks he has traumatic brain injury, and that he has neurologic issues related to this.

Vision isn't very good - doesn't think it's correctable.

History/

2005 - went to state psychiatric hospital with dx of depression or ADHD. Put on medications which "hurt him" (zyprexa, seroquel, haldol). Thinks he had neuroleptic/malignant syndrome from seroquel - muscles clamped, hair began falling out. External psychiatrist evaluated him and advised he didn't need any of the medications and should be released.

2008 - "attacked by directed energy weapon" while at state hospital. Felt energy piercing his body, radiation, swelling. Esophagus was swelling, eyes were pulsing, muscles twitching. Nobody was present in the room with him at the time. He also notes that he had a pulse of 170 at the time. Notes that abuse continued until 2010, when he was released. He notes that he has since been "followed around" and harassed.

2011-13 - Police altercation, witnessed by grandfather in March 2011, after which he was incarcerated until May 2013. He notes that he was continually assaulted with energy weapon. He describes a "CK" value of over 700, as well as other labs. He was also in state psychiatric hospital 9/21/2013 - 11/26/2013 - he thinks they have may done labs while at state hospital.

In September 2013, saw biofeedback therapist who found abnormal results on his neurofeedback device and suggested Todd may need a neurologist to perform an EEG.

12 March 2014 6:18 PM

page 19 of 21

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

General: No weight change, generally healthy, no change in strength or exercise tolerance. **Head:** Some headaches, no vertigo. **Eyes:** Wears corrective lenses, saw optometrist 6 months ago for full exam, no diplopia or tearing, no scotomata, no pain. Does note some "swelling" from time to time. **Ears:** No change in hearing, no tinnitus, no bleeding. **Mouth:** No dental difficulties, no gingival bleeding, no use of dentures. **Neck:** No stiffness, no pain, no tenderness, no noted masses. **Chest:** No dyspnea, no wheezing, or cough. **Heart:** No chest pains, no palpitations, syncope, or orthopnea. **Abdomen:** No change in appetite, no dysphagia, diffuse abdominal pains, no bowel habit changes, no emesis, no melena. **GU:** No urinary urgency, no dysuria, no change in nature of urine. He does note that he may experience "dry mouth" when he has orgasm. **Musculoskeletal:** Diffuse pain in most muscles and joints, no limitation of range of motion, no paresthesias or numbness. **Neurologic:** Some weakness and muscle flaccidity, no tremor, no seizures, no changes in mentation, no ataxia. **Psychiatric:** See notes above.

O **General:** Elevated diastolic BP, in no acute distress. **Head:** Normocephalic, no lesions. **Eyes:** Wearing corrective lenses, PERRLA, EOM's full, conjunctivae clear, fundi grossly normal. **Ears:** EAC's clear, TM's normal. **Nose:** Mucosa normal, no obstruction. **Throat:** Clear, no exudates, no lesions. **Neck:** Supple, no masses, no thyromegaly, no bruits. **Chest:** Lungs clear, no rales, no rhonchi, no wheezes. **Heart:** RR, no murmurs, no rubs, no gallops. **Abdomen:** Moderated tenderness with palpation in all regions of abdomen, no masses, BS normal. **Back:** Tenderness throughout paraspinals. **Extremities:** FROM, no deformities, no edema, no erythema. **Neuro:** Physiological, no localizing findings. CN II-XII grossly normal, no dysdiakokinesis, Romberg negative, heel-shin negative, normal stereognosis and graphesthesia. Speech is normal. No memory deficit noted.

A It is beyond the scope of this visit to evaluate him psychiatrically or to evaluate his relationship with the state psychiatric hospital. From a purely physical perspective, there is no obvious pathology except perhaps fibromyalgia. He does report a past history of elevated pulse, elevated CK, and so does warrant a general review of his current laboratory values as they may pertain to muscle damage or autoimmune disease.

Regarding his abdominal pain, he is quite distressed during this portion of the exam, so I am ordering an abdominal U/S.

He does request a referral to a neurologist, but I advise that I cannot consider this without first doing general laboratory workup. At this time, I do not see any clearly defined neurologic deficit that would lead me to refer to neurology, but I will discuss this with him next week.

DIAGNOSES:

Myalgia and myositis, unspecified [729.1]

Other malaise and fatigue [780.79]

Pain in joint, multiple sites [719.49]

~~Abdominal pain, unspecified [786.20]~~12 March 2014 6:18 PM
page 20 of 21

Todd Giffen: SOAP Note

Age on DOS: 28 yrs, DOB: 03/13/1985

Golden Apple Healthcare LLC

492 E. 13th Avenue Suite 200 Eugene, OR 97401

1 (541) 342-4520

Abdominal pain, generalized [789.07]**P Abdominal U/S****Labs - CBC, CMP, TSH, Arthritis panel, CK, TSH (ref - T4), 25-OH-D**

EUGENE HEALING CENTER

home of

Chiropractic Healing Center

Oregon Naturopathic Clinic

Golden Apple Healthcare

Becky Lipton, PT

Date: 2/3/14

To: Jefferson Neurology F: 541-482-2433

Attn: Dr. Zakir Ali

RE: Todd Giffen DOB: 3-13-85

Additional Message:

Numbers of pages, including this cover sheet 28 From: Dr. Bill Walter /JB

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Phone: (541) 342-4520 Fax: (541) 485-7102
492 E. 13th Ave., Suite 200, Eugene, OR 97401

EUGENE HEALING CENTER
492 E 13TH AVE STE 200
EUGENE, OR 97401

ACCT. NO. EL32950791
COLLECT. 12/03/13 08:59
RECEIVED 12/03/13 08:59
REPORTED 12/03/13 15:32

Fax: 95414857102
PATIENT GIFFEN, TODD
PT I.D.
SEX M AGE 28Y
Pt. Phone: 5413210010
FINAL REPORT page 1

91537

TIMOTHY BILL WALTER ND

DOB 03/13/85

Test Procedure
LIPID PANEL

Results

Reference Range

HDL *Good Cholesterol*

37 L

Lab No: 100
~~40-59 mg/dL~~
High Risk: <40
Low Risk: >59

LDL

106 H

<100 mg/dL
Optimal: <100
Near Optimal: 100-129
Borderline: 130-159
High: 160-189
Very High: >189

CHOLESTEROL

159

~~<200 mg/dL~~
Desirable: <200
Borderline: 200-239
High: >239

TRIGLYCERIDES

79

<150 mg/dL
Normal: <150
Borderline: 150-199
High: 200-499
Very High: >499

CHOL/HDL RATIO

4.3

<5.0
Desirable: <5.0
Borderline: 5.0-6.0
High Risk: >6.0

PAT. CONDITION

12 HRS FASTING

Test Procedure
ARTHRITIS PANEL 2

Results

Reference Range

ANTINUCLEAR ANTIBODIES

NEGATIVE

Lab No: 100

** CONTINUED ON NEXT PAGE **

12/4/13
D

EUGENE HEALING CENTER
492 E 13TH AVE STE 200
EUGENE, OR 97401

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FINAL REPORT page 2

91537

TIMOTHY BILL WALTER ND

DOB 03/13/85

Test Procedure

Results

Reference Range

RHEUMATOID FACTOR

<15

<15 IU/ml

Lab No: 100

SEDIMENTATION RATE, WESTERGREN
SED RATE, WESTERGREN

17 H

0-15 mm/hr

Lab No: 100

URIC ACID

5.1

2.5-8.0 mg/dL

Lab No: 100

Test Procedure

Results

Reference Range

COMPLETE BLOOD COUNT WITH AUTO DIFF

Lab No: 100

WBC

6.3

4.0-11.0 K/mm3

RBC

4.68

4.31-5.77 M/mm3

HGB

13.5

13.2-17.5 g/dL

HCT

41.2

38.9-49.9 %

MCV

88.0

80-100 fL

MCH

28.8

27.8-33.8 pg

MCHC

32.8

31.5-36.5 g/dL

RDW

13.1

11.5-14.2 %

PLT CT

218

150-400 K/mm3

MPV

11.3

8.5-12.4 fL

NEUTROZ

64.7

%

LYMPHZ

22.6

%

MONOZ

8.5

%

EOSZ

3.0

%

BASOZ

1.0

%

IMM GRANZ

0.2

0-0.5 %

NEUTRO#

4.1

1.5-8.0 K/mm3

LYMPH#

1.4

1.0-3.5 K/mm3

MONO#

0.5

0.2-1.0 K/mm3

EOS#

0.2

0-0.5 K/mm3

BASO#

0.1

0-0.2 K/mm3

** CONTINUED ON NEXT PAGE **

EUGENE HEALING CENTER
 492 E 13TH AVE STE 200
 EUGENE, OR 97401

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 Pt. Phone: 5413210010
 FINAL REPORT page 3

91537
 TIMOTHY BILL WALTER ND

DOB 03/13/85

Test Procedure	Results	Reference Range
METHOD	AUTO	
Test Procedure	Results	Reference Range
COMPREHENSIVE METABOLIC PANEL		Lab No: 100
SODIUM	139	135-145 mEq/L
POTASSIUM	4.2	3.5-5.2 mEq/L
CHLORIDE	107	95-109 mEq/L
CO2 CONTENT	27	22-31 mEq/L
ANION GAP	5	3-12
GLUCOSE	85	70-99 mg/dL
BUN	8	8-20 mg/dL
CREATININE	0.7	0.61-1.24 mg/dL
PROTEIN, TOTAL	7.1	6.2-8.4 g/dL
ALBUMIN	4.2	3.5-5.0 g/dL
GLOBULIN	2.9	2.2-3.6 g/dL
CALCIUM	9.1	8.6-10.2 mg/dL
BILIRUBIN, TOT	0.6	0.1-1.2 mg/dL
ALKALINE PHOS	55	30-110 IU/L
ALT	19	17-63 IU/L
AST	18	15-41 IU/L
GFR (MDRD equation)	>60	>60 mL/min/1.73m2
GFR BLACK (MDRD equation)	>60	>60 mL/min/1.732m2
FASTING STATUS	12 HRS FASTING	

TSH WITH REFLEX TO FT4 IF INDICATED Lab No: 100
 TSH 0.930 0.40-4.6 uIU/mL

CK 353 H Lab No: 100
 5-290 IU/L

Test Procedure Results Reference Range

** CONTINUED ON NEXT PAGE **

12/4/13
 (K)

EUGENE HEALING CENTER
492 E 13TH AVE STE 200
EUGENE, OR 97401

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SEX M AGE 28Y
Pt. Phone: 5413210010
FINAL REPORT page 4

91537

TIMOTHY BILL WALTER ND

DOB 03/13/85

Test Procedure

Results

Reference Range

VITAMIN D, 25-HYDROXY

18.8 L

Lab No: 100
32.0-80.0 ng/mL

Reference Ranges: Vitamin D-25-Hydroxy

<10 ng/mL	severe deficiency
10-19 ng/mL	mild to moderate deficiency
20-31 ng/mL	hypovitaminosis*
32-80 ng/mL	optimum levels
>100 ng/mL	possible toxicity

*hypovitaminosis D range represent Vitamin D levels in the normal range but may be found in patients with depleted body stores of Vitamin D and where PTH levels can be slightly elevated.

** END OF PATIENT REPORT **

12/4/13
P

EUGENE HEALING CENTER
492 E 13TH AVE STE 200
EUGENE, OR 97401

ACCT. NO. EL33002037
COLLECT. 12/18/13 15:53
RECEIVED 12/18/13 15:53
REPORTED 12/23/13 07:37

Fax: 95414857102
PATIENT GIFFEN, TODD
PT I.D.
SEX M AGE 28Y
Pt. Phone: 5413210010
FINAL REPORT page 1

91537

TIMOTHY BILL WALTER ND

DOB 03/13/85

Test Procedure	Results	Reference Range
LACTATE	2.5 H	0.5-2.2 mmol/L Lab No: 100
CK	251	5-290 IU/L Lab No: 100
C-REACTIVE PROTEIN, HIGH SENSITIVITY		Lab No: 100
CRP, HIGH SENSITIVITY	2.94 H	<0.70 mg/L
RISK OF FUTURE MI	2.02 HIGH	

Relative risk for future MI listed above is the risk derived from hs-CRP only and is independent of other risk factors. The risk from sex, age, smoking, diabetes, hypertension, hyperlipidemia, family history and body mass index are not included in the above risk of future MI and should be included in the overall risk assessment for future coronary events.

Samples from patients with acute or chronic inflammatory disease states, tissue injury or infections may exhibit elevated hs-CRP and should not be used for assessment of CAD risk. Inflammation related to CAD generally does not exceed 10 mg/L. In the above situations or when hs-CRP exceeds 10 mg/L, repeat hs-CRP in 2-3 weeks to assess future CAD risk.

Test Procedure	Results	Reference Range
CELIAC DISEASE PANEL		Lab No: 100
Endomysial Antibody IgA	NEGATIVE	
Endomysial Antibody IgA Level	<1:5	

NEGATIVE: Endomysial IgA Titer less than 1:5 is negative. No significant level of Endomysial IgA antibody detected.

** CONTINUED ON NEXT PAGE **

12/23/13.
Q

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FINAL REPORT page 2

91537

TIMOTHY BILL WALTER ND

DOB 03/13/85

Test Procedure	Results	Reference Range
Tissue Transglutaminase IgA	NEGATIVE	Lab No:100
Tissue Transglutaminase IgA Level 5		EU
NEGATIVE: ELISA Unit value less than 20 is negative. No significant level of Tissue Transglutaminase IgA antibody detected.		
GLIADIN (DGP) IgG ANTIBODY		Lab No:100
GLIADIN IgG ANTIBODY	NEGATIVE	
GLIADIN IgG LEVEL	3	EU
NEGATIVE: ELISA Unit value less than 20 is negative. No significant level of Gliadin IgG antibody detected.		
GLIADIN (DGP) IgA ANTIBODY		Lab No:100
GLIADIN IgA ANTIBODY	NEGATIVE	
GLIADIN IgA LEVEL	5	EU
NEGATIVE: ELISA Unit value less than 20 is negative. No significant level of Gliadin IgA antibody detected.		
IMMUNOGLOBULIN A, TOTAL		Lab No:100
IgA	273	40-350 mg/dL
HELICOBACTER PYLORI IgG, IgA		Lab No:100
HELICOBACTER PYLORI, IgG	NEGATIVE	
HELICOBACTER PYLORI, IgG LEVEL	4.7	EU
NEGATIVE: An ELISA Unit less than or equal to 20.0 is negative. No significant level of H. pylori IgG detected.		
HELICOBACTER PYLORI, IgA	NEGATIVE	
HELICOBACTER PYLORI, IgA LEVEL	15.2	EU
NEGATIVE: An ELISA Unit less than or equal to 20.0 is negative. No significant level of H. pylori IgA detected.		

Test Procedure	Results	Reference Range
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** CONTINUED ON NEXT PAGE **

12/23/13
①

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FINAL REPORT page 3

91537

TIMOTHY BILL WALTER ND

DOB 03/13/85

Test Procedure	Results	Reference Range
LACTATE DEHYDROGENASE ISOENZYMES		
LACTATE DEHYDROGENASE 1	15	14-27 %
LACTATE DEHYDROGENASE 2	27 L	29-42 %
LACTATE DEHYDROGENASE 3	23	18-30 %
LACTATE DEHYDROGENASE 4	16 H	8-15 %
LACTATE DEHYDROGENASE 5	19	6-23 %
LACTATE DEHYDROGENASE, TOTAL	239 H	105-230 U/L

*

Test performed at: ARUP Inc.
500 Chipeta Way
Salt Lake City UT 84108

CREATINE KINASE ELECTROPHORESIS

CK MM	100	96-100 %
CK MB	0	0-4 %
CK BB	0	0-0 %
CK TOTAL	281 H	20-200 U/L

REFERENCE INTERVAL: CK Total

Access complete set of age- and/or gender-specific
reference intervals for this test in the ARUP Laboratory
Test Directory (aruplab.com).

CK-MACRO TYPE I	0	0-0 %
CK-MACRO TYPE II	0	0-0 %

*

Test performed at: ARUP Inc.
500 Chipeta Way
Salt Lake City UT 84108

** CONTINUED ON NEXT PAGE **

12/23/13
(P)

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FINAL REPORT page 4

91537

TIMOTHY BILL WALTER ND

DOB 03/13/85

Test Procedure
ALDOLASE

Results
6.2

Reference Range
1.5-8.1 U/L

REFERENCE INTERVAL: Aldolase

Access complete set of age- and/or gender-specific
reference intervals for this test in the ARUP Laboratory
Test Directory (aruplab.com).

*

Test performed at: ARUP Inc.
500 Chipeta Way
Salt Lake City UT 84108

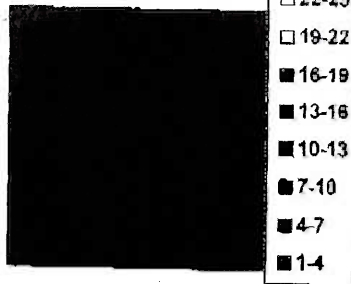
** END OF PATIENT REPORT **

12/23/13
②

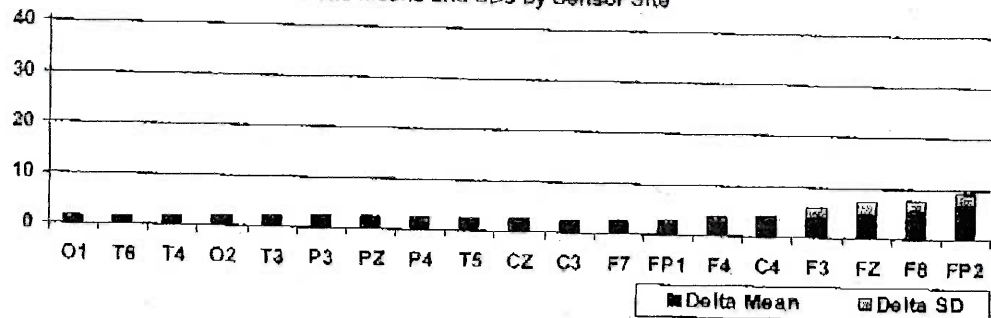
Giffen Todd

Session Dates From: 09/10/2013 to 09/17/2013

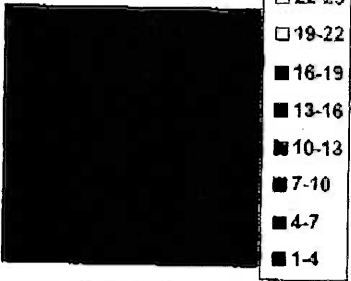
Delta Mean Amplitude (uV)



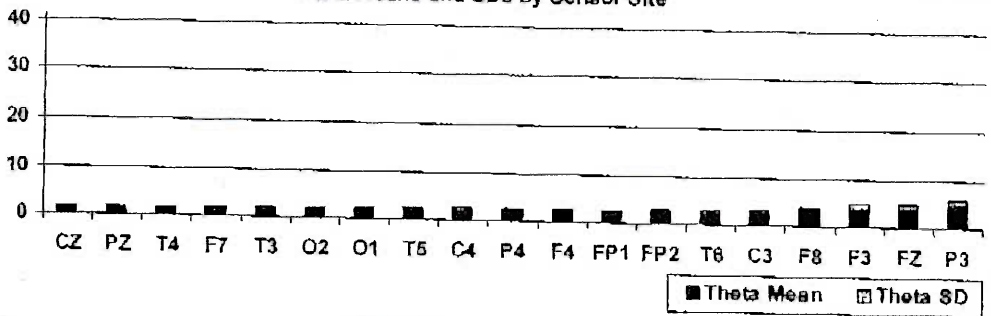
Delta Means and SDs by Sensor Site



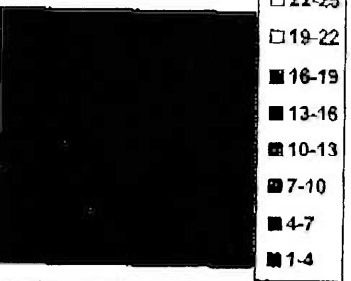
Theta Mean Amplitude (uV)



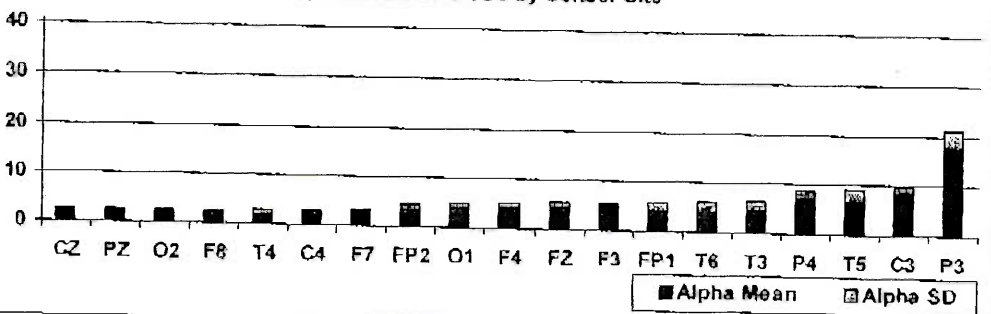
Theta Means and SDs by Sensor Site



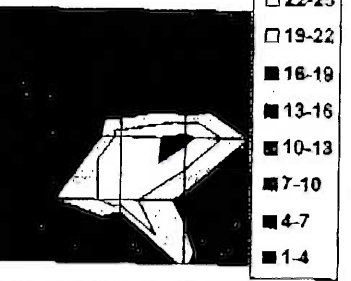
Alpha Mean Amplitude (uV)



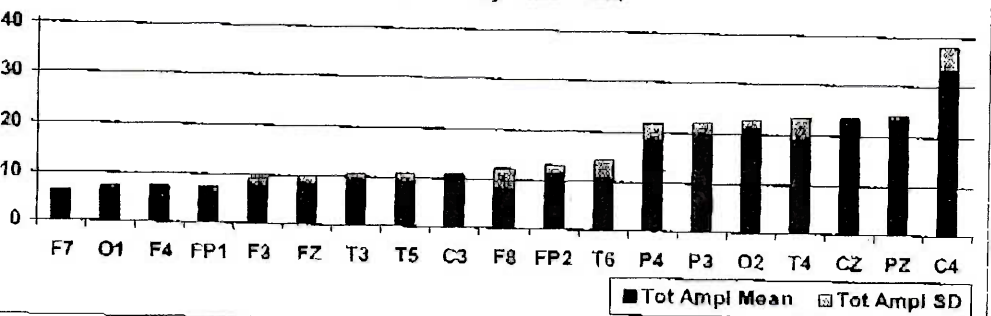
Alpha Means and SDs by Sensor Site



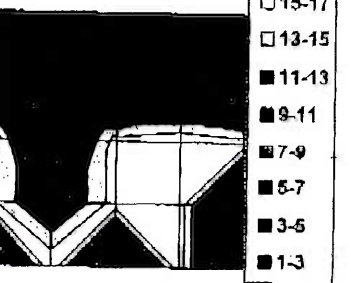
Mean Total Amplitude (uV)



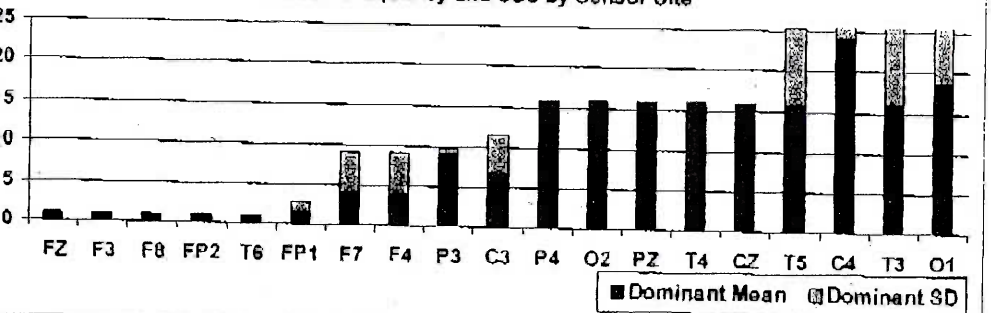
Total Amplitude by Sensor Site



Mean Dominant Frequency (Hz)



Dominant Frequency and SDs by Sensor Site



Note: Information herein can NOT be used for diagnosis.
Further medically based EEG evaluation of this client
on 10/2/13 is needed for this case. Tracy, ABP, LPC

10/2/13
(P)

RESULT PRINTED COPY

Printed by: 68636

02/03/2014 13:50

MRN: 02018079

Patient: GIFFEN, Todd M.

Service Provider: MUNKENBECK, FRANCES C.

Ordering Provider: WALTER, TIMOTHY O.

Resulting Provider: MUNKENBECK, FRANCES C.

Enc#: 48678633 Acct#: 32577899

USN: 496043295 Fac: SHRB

Service Date: 01/23/14 10:19am

Status: F

Report Name: EKG HOLTER MONITOR +

Type: DXSTIC

EKG HOLTER MONITOR + - STATUS: Final

By: Munkenberg, Frances C Collect/Perform: 23Jan14 10:19

Ordered By: Walter, Timothy O Ordered Date: 23Jan14 10:00

Facility: SHRB Department: EKG

GIFFEN, Todd M

02018079

DOB: 03/13/1985

48 HOUR HOLTER MONITOR

STUDY DATE: 01/29/2014

REFERRING PHYSICIAN: Timothy Walter, ND

RECORDING BEGINS: 01/23/2014 at 1016

RECORDING ENDS: 01/25/2014 at 1014

FACILITY: RiverBend Outpatient

MEDICATIONS: None listed

IMPRESSION:

1. The patient activated the event marker 10 times reporting symptoms of possible heart palpitations, increased heart/gagging reflex, pain in head and heart, chest tightness, severe splitting pain in chest, lots of soreness in chest/heart. During the time he mentioned he had concerns about the actions of the government; he noted increased pain and his "heart hurts", and rhythm was sinus rhythm, sinus tachycardia with rates to 115 BPM, isolated premature ventricular complexes, quadrigeminal PVCs at times. During symptom of "heart/gagging reflex" rhythm was sinus at rate of 95 BPM.
2. Premature ventricular complexes (445 during the recording). Bigeminal and quadrigeminal PVCs at times.
3. Supraventricular ectopic beats (11 during the recording).
4. Sinus rhythm/sinus arrhythmia with an average heart rate of 88 BPM. Maximum

Received Time Mar. 13. 2014 10:12AM No. 1622

2/3/14
⑫

RESULT PRINTED COPY

Printed by: 68636

02/03/2014 13:50

MRN: 02018079

Patient: GIFFEN, Todd M.

Service Provider: MUNKENBECK, FRANCES C.

Ordering Provider: WALTER, TIMOTHY O.

Resulting Provider: MUNKENBECK, FRANCES C.

Enc#: 48678633 Acct#: 32577899

USN: 496043295 Fac: SHRB

Service Date: 01/23/14 10:19am

Status: F

Report Name: EKG HOLTER MONITOR +

Type: DXSTIC

heart rate of 155 BPM (during unknown activity).

COMMENT: PVCs were isolated at <1% of total beats making them rare to occasional.

OVERREADING PHYSICIAN: Frances Munkenberg, MD

REVIEWED BY: Julie Panter

Dictated by: Frances C Munkenberg MD

FCM:nancha

eScription document: 49-6218053

D: 01/29/2014 13:13:22

T: 01/29/2014 13:34:04

Annotations

FYI Sent to Agomaa, Albert D by Munkenberg, Frances C on 1Feb2014 15:10 - Final

Sent to Walter, Timothy O by Munkenberg, Frances C on 1Feb2014 15:10 - Final

Sent to Munkenberg, Frances C from Escription, Transcription by TMI, USER on 31Jan2014 10:18 - Prelim

Additional Providers

Ordered By : Walter, Timothy O

2/3/14
(K)

RESULT PRINTED COPY

Printed by: 68636

02/03/2014 14:03

MRN: 02018079

Patient: GIFFEN, Todd M.

Service Provider: WALTER, TIMOTHY O.

Ordering Provider: WALTER, TIMOTHY O.

Resulting Provider: TROJAN, MATTHEW R.

Enc#: 48678633 Acct#: 32577899

USN: 496036960 Fac: SHRB

Service Date: 01/23/14 9:09am

Status: F

Report Name: ECHO Complete Dop & CF Fac ECOWC

Type: DXSTIC

ECHO Complete Dop & CF Fac ECOWC - STATUS: Final

SEE DETAIL BY: Trojan, Matthew R

Collect/Perform: 23Jan14 09:09 - 24Jan14 08:29

Ordered By: Walter, Timothy O

Ordered Date: 23Jan14 09:14

Facility: SHRB

Department: ECOWC

PATIENT: GIFFEN, Todd

MRN: 02018079

DOB: 03/13/1985

AGE: 28

GENDER: M

DATE OF PROCEDURE: 01/23/2014

ORDERING MD: TIMOTHY WALTER

REFERRAL MD: TIMOTHY WALTER

PERFORMED BY: Mark S. Houston, RDCS

REASON FOR STUDY: MID SYSTOL MURMUR/TACHYCARDIA

ECHOCARDIOGRAPHY STUDY

PatientHeight	185	cm
PatientWeight	104	kg
HeartRate	91	bpm
BSA	2.3	m

Conclusions

Normal echocardiogram for age.

Left ventricular systolic function is normal. All four cardiac valves are normal in structure and function. There is no prior echocardiogram noted for this patient.

Study Comments

A two-dimensional transthoracic echocardiogram with color flow and Doppler was performed.

The study was technically good with many images being of high quality.

The study was diagnostic quality.

There is no prior echocardiogram noted for this patient.

The cardiac rhythm was tachycardic during the exam.

The patient was in normal sinus rhythm during the exam.

Ventricular Function

The left ventricle is normal in size.

There is normal left ventricular wall thickness.

Left ventricular systolic function is normal.

Left ventricular ejection fraction is 70% (+/- 5).

A variety of Doppler measurements indicate normal left ventricular diastolic function.

2/3/14
(14)

RESULT PRINTED COPY

Printed by: 68636

02/03/2014 14:03

MRN: 02018079

Patient: GIFFEN, Todd M.

Service Provider: WALTER, TIMOTHY O.

Ordering Provider: WALTER, TIMOTHY O.

Resulting Provider: TROJAN, MATTHEW R.

Enc#: 48678633 Acct#: 32577899

USN: 496036960 Fac: SHRB

Service Date: 01/23/14 9:09am

Status: F

Report Name: ECHO Complete Dop & CF Fac ECOWC

Type: DXSTIC

The right ventricle is normal in size and function.

Atrial Description

The left and right atria are normal in size.

There is no Doppler evidence for an interatrial shunt.

Valvular Function

The mitral valve is normal in structure and function.

All four cardiac valves are normal in structure and function.

The aortic valve is normal in structure and function.

The tricuspid valve is normal in structure and function.

There is a trace to mild amount of tricuspid regurgitation.

Right ventricular systolic pressure is normal.

The pulmonic valve is normal in structure and function.

Great Vessels

The aortic root is normal size.

The ascending aorta, aortic arch, and descending aorta are all normal in size and function.

The IVC appears to collapse at least 50% or more and is normal in size which suggests normal central venous pressures.

Pericardium/Pleural Description

There is no pericardial effusion.

MMode 2D Measurements and Calculations

RVDD	2.0	cm
IVSD	1.00	cm
LVIDD	5.1	cm
LVIDs	3.5	cm
LVPWd	0.88	cm
Ao root diam	3.0	cm
LA dimension	3.5	cm
asc Aorta	2.9	cm
LVOT diam	2.5	cm
LA vol	64	ml
LA vol index	28	ml/m

2/3/14
(12)

Doppler Measurements and Calculations

RESULT PRINTED COPY

Printed by:68636

02/03/2014 14:03

MRN: 02018079

Patient: GIFFEN, Todd M.

Service Provider: WALTER, TIMOTHY O.

Ordering Provider: WALTER, TIMOTHY O.

Resulting Provider: TROJAN, MATTHEW R.

Enc#: 48678633 Acct#: 32577899

USN: 496036960 Fac: SHRB

Service Date: 01/23/14 9:09am

Status: F

Report Name:ECHO Complete Dop & CF Fac ECOWC

Type:DXSTIC

MV E point	89	cm/sec
MV A point	92	cm/sec
MV E/A	0.97	ratio
Ao V2 max	129	cm/sec
Ao max PG	6.7	mmHg
AVA(V,D)	4.0	Cm
LV V1 max	106	cm/sec
PA V2 max	111	cm/sec
PA max PG	4.9	mmHg

Interpreting Physician: Matthew Trojan, MD electronically signed on
01-24-2014 08:29:45

Annotations

FYI Sent to Agomaa, Albert D by Idx, If4 on 24Jan2014 08:30 - Final
Sent to Walter, Timothy O by Idx, If4 on 24Jan2014 08:30 - Final

Additional Providers

Ordered By : Walter, Timothy O

02/3/14



Adult Echocardiogram



PeaceHealth
Sacred Heart
Medical Center

Study ID: 352783

Oregon Heart &
Vascular Institute

3311 RiverBend Drive
Springfield, OR 97477
(541) 222-7218

Name: GIFFEN, Todd M	Study Date: 01/23/2014 09:09 AM
MRN: 02018079	Pt Location: OHVI
DOB: 03/13/1985	Ordering MD: WALTER, TIMOTHY
Age: 28 yrs	Referring MD: WALTER, TIMOTHY O
Gender: Male	Performed By: Mark S. Houston, RDCS
Reason For Study: MID SYSTOL MURMUR/TACHYCARDIA	HR: 91
History: Pt says he has had tachycardia for several years.	Height: 73 in
	Weight: 230 lb
	BSA: 2.3 m ²

Conclusions

Normal echocardiogram for age.
Left ventricular systolic function is normal.
All four cardiac valves are normal in structure and function.
There is no prior echocardiogram noted for this patient.

Study Comments

A two-dimensional transthoracic echocardiogram with color flow and Doppler was performed. The study was technically good with many images being of high quality. The study was diagnostic quality. There is no prior echocardiogram noted for this patient. The cardiac rhythm was tachycardic during the exam. The patient was in normal sinus rhythm during the exam.

Ventricular Function

The left ventricle is normal in size. There is normal left ventricular wall thickness. Left ventricular systolic function is normal. Left ventricular ejection fraction is 70% (+/- 5). A variety of Doppler measurements indicate normal left ventricular diastolic function.

The right ventricle is normal in size and function.

Atrial Description

The left and right atria are normal in size. There is no Doppler evidence for an interatrial shunt.

Valvular Function

The mitral valve is normal in structure and function. All four cardiac valves are normal in structure and function.

The aortic valve is normal in structure and function.

The tricuspid valve is normal in structure and function. There is a trace to mild amount of tricuspid regurgitation. Right ventricular systolic pressure is normal.

The pulmonic valve is normal in structure and function.

Great Vessels

1/27/14
(Signature)

The aortic root is normal size. The ascending aorta, aortic arch, and descending aorta are all normal in size and function. The IVC appears to collapse at least 50% or more and is normal in size which suggests normal central venous pressures.

Pericardium/Pleural Description

There is no pericardial effusion.

MMode/2D Measurements & Calculations

IVSd: 1.00 cm	RVDD: 2.0 cm	Ao root diam: 3.0 cm	asc Aorta Diam: 2.9 cm
LVPWd: 0.88 cm	LVIDd: 5.1 cm	LA dimension: 3.5 cm	
	LVIDs: 3.5 cm		

LVOT diam: 2.5 cm	LA vol: 63.9 ml
	LA vol index: 28.0 ml/m ²

Doppler Measurements & Calculations

MV E max vel: 89.3 cm/sec	Ao V2 max: 129.0 cm/sec	LV V1 max: 106.1 cm/sec	PA V2 max: 110.8 cm/sec
MV A max vel: 91.8 cm/sec	Ao max PG: 6.7 mmHg		PA max PG: 4.9 mmHg
MV E/A: 0.97	AVA(V,D): 4.0 cm ²		

Interpreted by: Matthew R Trojan, MD on 01/24/2014 08:29 AM

1/27/14.
1/27
(12)

Giffen, Todd Michael (28 yrs [3/13/1985]) Sex:M
Salem Hospital, 890 Oak ST. SE Salem, OR 97301
503-561-5200

MRN:2110284 CSN:

Giffen, Todd Michael MRN: 2110284 (CSN: 6308673) (26 y.o. at HOV confirmation M) Outpatient

Radiology Results

XR ESOPHAGUS [34991251]

Resulted: 05/19/11 1619, Result Status: Final
result

Order Status:	Completed	Resulted by:	Farthing, David G., MD
Performed:	05/19/11 1602 - 05/19/11 1602	Resulting Lab:	EPIC RADIANT
Specimen:	05/19/11		
[4374057]			
Narrative:	ESOPHAGRAM		
	(Fluoroscopy time: 0 min. 36 sec. Room: 1)		

HISTORY: Dysphagia.

FINDINGS: With the oral ingestion of contrast, the esophagus was examined. There is normal antegrade peristalsis. There is suggestion of a minimal sliding-type hiatal hernia. No reflux was elicited. 13 mm pressed barium tablet passes normally down the esophagus. The fluoroscopic procedure was performed by Kevin Hutchins, RPA under direct supervision.

Impression: IMPRESSION: Suggestion of a potential minimal sliding-type hiatal hernia but no reflux was seen. No other abnormalities are identified.
Reading Dr.: Farthing, M.D., David G
This report has been electronically signed by: Farthing, M.D., David G

1/15/2014.
(Signature)